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ABSTRACT

If the nature of mourning depends on the relationship between the bereaved and the deceased, then parental mourning following a child's death may be different from mourning following the death of an adult. Parents' (N=145) descriptions of their experiences in the first year after a child's death from cancer or a blood disorder were examined to determine the nature of parental bereavement, and to explore differences in the experience and expression of loss by comparing accounts of mothers and fathers. The children had all been treated at a large, urban pediatric hospital and died during the years 1975 through 1979. Descriptive and survey data revealed differences between maternal and paternal mourning. Mothers described greater difficulty coping, especially on first holidays, and were more likely than fathers to report experiencing grief in intimate ways such as deep loneliness or visualizations. Mothers were also more likely than fathers to engage in new activities following the death and to report feeling distant from their spouse, and less likely to feel that they exchanged comfort with their husbands in the first year after death. Fathers reported fewer sources of emotional support than mothers. The findings reveal the influences of the parent-child relationship and familial and cultural contexts in shaping the nature of parental bereavement. (Author/NRB)

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A DEATH IN THE FAMILY: PARENTAL BEREAVEMENT IN THE FIRST YEAR*

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A DEATH IN THE FAMILY: PARENTAL BEREAVEMENT IN THE FIRST YEAR

Introduction

Little is known about the nature of parental bereavement following a child's death since most sociological studies focus on the adjustment of family members after the death of an adult. If the nature of mourning depends on the relationship the bereaved had with the deceased, then there is reason to expect that parental mourning is somewhat different from that accompanying other types of death such as the loss of a spouse or an aged parent. Thus, the purpose of this study is to examine parents' descriptions of their experiences in the first year after a child's death to determine the nature of parental bereavement, and to explore differences in the experience and expression of loss by comparing the accounts of mothers and fathers.

Review of the Literature

In the past two decades numerous studies have examined parents' experiences during a child's terminal illness (Cf. Schulman, 1980). However, while some of these studies include a brief discussion of the post-death period, most of this research has not examined parental bereavement <u>following</u> the child's death. In particular, there is a lack of in-depth, systematic, qualitative descriptive and analytical information about how mothers and fathers cope with such a loss.

Further, the information which has been elicited in previous research is surprisingly contradictory. In some studies parents are found to cope

extremely well after their child's death from a fatal illness (Futterman and Hoffman, 1973; Lewis, 1967; Chodoff et. al., 1964). For example, Stehbens and Lascari (1974) interviewed forty parents of children who had died from leukemia and found that over ninety per cent were fully recovered (symptom free) within six months after their child's death. One explanation proposed to account for these findings is that parents' ability to participate in their child's physical care during the illness enables them to adjust more easily to the death and with less guilt, because they feel they did everything possible for the child (Knudson and Natterson, 1970). Other authors have suggested that medical advances in extending the lives of dying children have made the experience of anticipatory bereavement a common one for parents, enabling them to complete much of their grief work before the child's actual death (Friedman, 1967).

However, other researchers have discovered serious behavioral and emotional problems among a majority of the family members they have studied (Binger et. al., 1969; Kaplan et. al., 1973a, 1973b). For example, Payne et. al. (1980) interviewed thirty seven parents of children who died from leukemia and solid tumors, and found prolonged and intense grief symptoms, such as guilt and anger, as late as two years after the child's death.

Attempts to explain these discrepancies in research results are limited by the methodology and focus of these studies. First, most studies have used extremely small samples of less than fifty respondents, creating problems of sample bias and questionable generalizability. Second, most results are reported by family unit and not by individual, providing no way of knowing which parent supplied information to the researchers, and little demographic data about the actual respondents. Finally, most of these studies have focused on familial adjustment during the child's illness, and lack a systematic and detailed analysis of experiences in the post-death period.

There are, however, two bodies of literature which can be used to understand parental bereavement. The first contains information on reactions to the death of an adult, and the second is comprised of personal accounts and observations of parents, physicians, nurses, psychiatrists, psychologists, and social workers who deal with terminally ill children and their families. Taken together, this literature provides the basis for the discussion and hypotheses presented below.

One crucial determinant of the bereavement period is the prior relationship the bereaved had with the deceased (Glick et. al., 1974). Thus, the type and intensity of this involvement is a crucial influence on the way in which the loss is felt (Charmaz, 1980). This is important in the case of the death of a child from a long-term illness for two reasons. First, because of American child rearing patterns and practices, the relationship between mother and child is typically more intense and more complex than that between father and child (Green, 1976; Duberman, 1977). Second, since mothers usually assume major responsibility for the ill child's care, the illness is often a period in which the mother-child bond becomes even closer and more intimate than before (Gyulay, 1978). Thus, the death of a child can be expected to be especially devastating to its mother. Given these differences in parent-child relationships, it is hypothesized that mothers and fathers will report significantly different bereavement experiences in the first year after their child's death. More specifically, it is expected that mothers will report greater difficulty than fathers in adjusting to the loss of a child. In addition, the mothers' greater involvement with the ill child during the illness suggests that, following death, they will be more likely to begin new activities in a process of re-engagement with society. Finally, mothers are expected to be more likely than fathers to describe experiencing their bereavement in personal, intimate ways.

Another important influence on the nature of post-death bereavement consists of cultural prescriptions regarding appropriate behavioral and emotional reactions

to the death of a family member. Some authors have proposed that American society is characterized by a paucity of specific cultural guidelines for bereaved individuals (Fulton, 1970; Vernon, 1970). Others have suggested that this gap is bridged by cultural gender prescriptions regarding appropriate behavior for men and women, and that these have a significant impact on adjustment to the loss of a family member (Charmaz, 1980; Berardo, 1970). In the case of childhood death, it has been noted that the largest share of emotional support is often directed to mothers at the expense of fathers (Gyulay and Miles, 1973). Fathers are said to be victims of a "masculine-must-be-strong" ethic in which they are denied support and opportunities to express their grief and anger (Schiff, 1977). In one comparative case analysis of five bereaved couples the mothers reported numerous persons with whom they were able to discuss their feelings, but expressed concern about their husbands' silent grieving (Nolfi, 1967). The husbands, in turn, reported that there was no one with whom they felt comfortable discussing the child's death and their own feelings about it. Thus, it is hypothesized that fathers will report having fewer sources of emotional support than mothers in the first year after death. In addition, it is expected that fathers will be less likely than mothers to report that they were able to discuss their feelings with others during this time. However, fathers are expected to be more likely to report that their religious beliefs were helpful in that first year, since this form of comfort does not require that parents interact with another individual.

A third and final influence on the nature of parental bereavement concerns the familial context in which parents experience and express their loss. Studies of familial communication during a child's terminal illness have found that a process called "discrepant coping" is often displayed (Share, 1972). In this process, differences in parents' coping styles are said to lead to restricted communication between all family members during the child's illness. Thus,

spouses are usually unaware that they have grown apart until after the child's death when they are faced with the task of re-establishing the closeness they felt before the illness (Gyulay and Miles, 1973). In addition, siblings may have difficulty expressing their feelings to parents following the death when parents try to maintain the attitude that nothing is wrong (Kübler-Ross, 1974). In discrepant coping "emotion in the spouse is perceived as 'weakness,' requiring the partner to inhibit expression of feeling in himself because 'someone has to be strong' " (Kaplan, 1971; cited in Share, 1972:190). Given the mothers' closer involvement with the child, and cultural gender prescriptions regarding the masculine role, it is likely that fathers are most often found occupying a stoic, non-emotional role, which prohibits them from sharing their feelings with other family members. Thus, mothers are expected to report significantly more distance in their spousal relationships than fathers. In addition, mothers are also hypothesized to be less likely to report that they exchanged comfort with their spouse in the first year.

Consequently, in summary, it is hypothesized that mothers and fathers will report different bereavement experiences in the first year after their child's death from a terminal illness. In particular, it is expected that: a) mothers will report greater difficulty coping with the loss; b) mothers will be more likely to describe experiencing their bereavement in personal and intimate terms; c) mothers will be more likely to report that they began new activities; d) fathers will report having fewer sources of emotional support; e) fathers will be more likely to describe their religious beliefs as helpful to their first year adjustment; f) fathers will be less likely to report discussing their feelings with others; g) mothers will be less likely to report exchanging comfort with their spouse; and h) mothers will be more likely to describe feeling a sense of distance in their spousal relationship during the first year after death. If these hypotheses are confirmed, then clearly the bereavement experiences of mothers and fathers are substantially different.

Methodology

All parents of children who were treated at a large, local pediatric hospital for cancer or blood disorders, and who died during the years 1975 through 1979 were contacted through the mail by a physician from the hospital's oncology/hematology staff. These parents were sent a letter informing them of the research project and asking if they woule be willing to participate by being interviewed or completing a questionnaire. Of the 240 children who died during this time period, the parents of 51 could not be contacted because of insufficient addresses, and their letters were returned. Of the 189 families who were contacted (letters were not returned), one or both parents from 92 families agreed to participate (N= 145 parents), 13 families declined (N= 25 parents), and 84 families did not reply to the initial letter. Due to the nature of the research, no follow-up letters were sent to the latter group. Thus, of those who did reply to the initial request for participation, the positive response rate was eighty five per cent.

Of the 145 parents who agreed to participate, sixty two per cent (N= 90) were mothers and thirty eight per cent (N= 55) were fathers. Most were white (ninety five per cent), married (eighty eight per cent), employed outside the home (sixty five per cent), and had at least a high school education (eighty eight per cent). These characteristics are roughly representative of the general population of parents targeted in the research design. Over half of the respondents (sixty six per cent) reported family incomes of $20,000per year or more, and most (sixty two per cent) were in their twenties and thirties. The majority (N= 87) agreed to an interview and the rest (N= 58) were willing to complete a questionnaire.

The interviews were conducted during the year 1980 and the first three months of 1981 in parents' homes by the author. Interviews lasted from one to four hours, the average length being about two hours. Parents were interviewed

individually with the exception of three parents who requested that other family members be present. All interviews were tape-recorded and transcribed.

The interview schedule included both open- and closed-ended questions that divided parents' experiences into the following stages: 1) pre-diagnosis; 2) diagnosis; 3) remissions/relapses; 4) terminal; 5) post-death; 6) first year after; 7) second year after; and 8) present time. Within the first year after stage parents were asked to describe: a)how they felt and acted during this time; b) the nature of their role relationships with spouse, children, and other family members; c) the behavior of these individuals, particularly in regard to the parent; and d) problems encountered by the parent in attempting to deal with the child's illness and death.

Some of the parents preferred to participate by completing a questionnaire. A thirty two page instrument was sent to these individuals through the mail. If both spouses were participating they received two return envelopes and were instructed to return their completed questionnaires separately. The questionnaire covered the same topics as the interview, with numerous overlapping questions. This has allowed the researcher to combine responses gained through both methods, after testing for significant differences betweenthe two groups.

The interview transcripts and open-ended questionnaire responses were content analyzed using the constant comparative method of Glaser and Strauss (1967). Starting with preconceived categories of analysis selected from the literature discussed earlier, this inductive technique was used to continually revise concepts in light of parents' own accounts of their experiences. Thus, the categories both emerged from the data and were adjusted in light of it.

In addition, the data were tested to determine whether mothers and fathers differed significantly on their scores regarding nine first year variables, constructed from responses to closed-ended, Likert-scaled items asking respondents about: a) their difficulty during holidays; b) the helpfulness of their religious beliefs; c) whether they started new activities in the first year;

and d) the extent to which they felt distance from their spouse, felt comforted by, and discussed their grief with their spouse. One-tailed T-tests were used to test for differences between the means of mothers and fathers on these nine first year variables.

Results: Qualitative Analysis

In both the interview and the questionnaire parents were asked to give detailed descriptions of the difficulties they encountered adjusting to life without their deceased child in the first year after the death. They were also asked about the adjustment of their spouses where appropriate (ninety three per cent were married at the time of their child's death). While mothers' and fathers' descriptions of their adjustment were alike in some ways, they were often dissimilar in others. Thus, as discussed below, there appear to be certain characteristics that distinguish maternal from paternal bereavement.

Similar Experiences: Loss, Difficulty with Holidays, and Seeing Other Children

Loss. Both mothers and fathers described a feeling of loss they found overwhelming in its intensity. Fathers tended to explain it as a "void" or feeling of "something missing." Several men expressed this in their concern that the number of people in the family seemed "incomplete" or "unnatural." As one man put it: "That was something we missed, not having two kids in the house. Having one child was something different .... having two around is a lot better." Another man explained: "There's only three of us. It seems like the biggest problem is having the feeling that the family isn't complete any more. It seems like a void. There isn't enough activity."

Another kind of loss frequently mentioned by fathers was a loss of direction in the family after the child's death. This was often expressed as a

strong need to "re-group," "re-organize," and engage in "planning." Fathers were acutely conscious of the effects of this normlessness both on themselves as individuals and on the morale of the family as a whole. As one commented:

> "It was just trying to readjust, reformulate how you lived prior to (the illness) .... You have to reprogram yourself to stop thinking about (the illness) all the time, which you had to do for so long .... You had to re-do yourself."

Another father described the feeling as "like someone who had just gotten out of the service" because there were no longer any clear objectives or goals. As he explained:

> "We had for so long planned everything around him (the deceased child), and he was gone. So then there was no planning done, everybody was going around in circles. This was one of the hardest things I'd say for the first 1½ years."

On the other hand, mothers' accounts described their sense of loss in more personal terms as affecting them more deeply and intimately. As one mother put it: "Like he was part of me .... an arm was cut off and suddenly it was gone." This was also evident in the mothers' frequent linking of loss and feelings of loneliness in their accounts, something the fathers did not do. The following presents some examples:

> "I can't cope with losing her. The house is so lonesome."
>
> "A deep sense of loss, I feel very alone."
>
> "An acute sense of loss, loneliness. No one to mother, love, sing to, comfort."
>
> "Being alone at home with no small boy to play with or care for. A big, empty house."

To some extent, differences in expressions of loss reflected differences in parents' descriptions of their relationships with the deceased child. Mothers were more likely to describe an extremely close relationship, and this was usually underscored by the fact that they were with the child almost constantly throughout the illness. The following presents some examples:

> "It was the closest relationship. I'd never spent as much time with any one person as I had with her. Twenty four hours a day for sixteen

> months is about what it amounted to .... We just spent an awful lot of time together, more than most husbands and wives or mothers and daughters. (She was) my closest friend."
>
> "He was so, such an insight into me and how I thought and the things that I did and was so much like me that it really was like he had ESP. We were just so much alike that I really missed him at the very beginning."

On the other hand, fathers' more distant descriptions of loss seemed to reflect the fact that, while they lost someone who was loved and cared for, the deceased child was not as central to their existence. As one father put it: "I just don't get that super-involved in my children." Another explained: "I naturally don't like kids. I'm hard on my kids." A third reported feeling amazed that he didn't have greater difficulty following his eleven-month old son's death. Over and over again, when asked to compare their own involvement with that of their wives, fathers stressed that mothers were faced with the greatest problems since they were the most involved with the child. As one father summarized his first year of bereavement: "I really didn't have a tremendous adjustment strictly because my wife was the one who was more tending to him .... I wasn't tremendously involved .... So the adjustment for me was, in a sense, minor."

Holidays. Both mothers and fathers complained that holidays were very difficult in the first year after their child's death. In fact, parents clearly remembered a series of "firsts" in that period including the first Christmas, the first birthdate, and the first anniversary of the death. This was usually a time when parents recalled the child on previous years. Sometimes the day was not a holiday but a meaningful annual event such as the start of Little League season, the first day of school, or the first day of summer camp.

Almost every parent reported having difficulty with at least one holiday in this period, however, particular reasons varied widely. In one case Christmas was sad because the child had already bought and wrapped the family's presents. Thanksgiving was often difficult because the child had enjoyed the foods

associated with that holiday. Birthdays and death anniversaries seemed to be expecially problematic for mothers. As one explained: "I found Tim's personal days the worst days, the day of his death .... his birthday, things that specifically dealt with him were much more difficult to get through." Concomitantly, some of the fathers commented that these were days they found much easier than their wives. As one father remarked: "Let's face it, the woman gave birth .... and their loss is that much more than ours."

Difficulty Seeing Other Children. Perhaps the most consistently mentioned difficulty for both mothers and fathers was seeing other children in the year after their child's death, especially if the other child was the same sex and/or age as the deceased. Most parents described this as painful. One mother related:

> "At one point a friend invited me over for lunch and to go swimming. Well, we went over and, my God, she had invited another friend over who had a little girl Wendy's age. I just couldn't believe it when I got there. I just wanted to kill her. How could she do this to me on this day when I was going to have this nice outing to get away from everything? .... And I sat down on the stairway and just cried and cried .... And then we went out by the pool where the kids were. I was trying very hard not to look out there. But there were not too many of my friends that had children that age. I stayed religiously away from ones who did."

A father explained:

> "There are a few kids that it will really hit me with. I'm confronted daily in my work. I probably see fifteen kids a day that are within six months of his age. Sometimes I'll see something on a (record) .... I get information on their hobbies .... they'll play baseball - Stan liked to play baseball .... or they'll collect beer cans - Stan did things like that."

Some of the parents only had difficulty if the child was a friend or classmate of the deceased child. Others found it painful to see small children, such as toddlers, even though the deceased child was much older. Some parents reported problems with more than one type of child, such as one mother who had difficulty seeing her deceased teenage son's friends and also little boys.

Parents reported two types of feelings when confronted with other children. Some parents resented the fact that these other children were living when their

own child was not. As one mother noted: "You'd see a cheerleader. That girl looks healthy. She looks a little bit like Sally. You wonder why she's living and our daughter isn't." Another mother explained: "I look awful hard at little boys which I figure are about seven or eight years old. Sometimes I resent them. Well why are they here and I had to lose mine?" Likewise, a third mother described: "Seeing dull, dumm, ugly, stupid kids and thinking, 'Why (is) that one (alive) and not mine?"

The second type of reaction discussed by parents occured when they would look at other children and wonder what the deceased child would have been like at that age and stage of development. In this case, the well child was not resented but served as a reminder of the potential their deceased child would never fulfill. As one father described his feelings upon seeing his son's friends:

> "I'd see them there playing baseball, you know, in school, and all that. And I'm thinking, trying to compare, 'Now I wonder where he'd be by now?' And I'd see the little girls growing up and one of them .... I think she had a crush on him .... And I look at her and I wonder if they'd still be friends or, you know, ... stuff like that."

A mother explained:

> "Just seeing a mother brush her daughter's hair. That was the hardest thing. Knowing that I wasn't going to be with her and she wasn't going to be with me growing up, going through all those things that she would have loved and I would have loved."

To summarize, then, both mothers and fathers described feelings of loss, reported difficulty during holidays, and discussed how hard it was to see other children in the first year after their child's death. Fathers were more likely to express their loss as a sense of something missing, a void or gap in their lives or an absence of aim or purpose. Mothers were more likely to report their loss as something internal, much like losing a part of themselves, and they described a sense of loneliness accompanying their feelings of loss which fathers did not discuss. Both mothers and fathers reported having difficulty on holidays, although women appeared to have greater difficulty with days

specifically connected to their child, such as a birthdate or the anniversary of the child's death. Finally, both mothers and fathers reported that it was difficult to see other children in the year following their own child's death. For some parents, other children were reminders of their deceased child's unfulfilled potential while other parents reported resentment and jealousy when confronted with a healthy child.

Parental Differences: Features of Maternal and Paternal Bereavement

Other features of bereavement were reported more often by one sex than the other. Thus, fathers' accounts of their problems in the first year mentioned two concerns seldom encountered in the mothers' descriptions.

Paternal Features. First, fathers felt responsible for managing and controlling the grief of other family members. They described situations in which they felt responsible for lifting the family's spirits and seeing to it that no one was depressed for too long. As one man explained:

> "You have a tendency not to want anyone to mourn and it's a mistaken identity that you assume, 'Let's keep everybody laughing - nobody cry.' Which is wrong, you shouldn't do that."

While fathers were concerned about the mourning of all family members, they most often described controlling the grief of their wives. Many fathers gave instances in which they shepherded their wives through particularly difficult times in the first year. In fact, the accounts of some fathers, as in the following, indicate how familiar they were with their wives' grieving patterns.

> "(My daughter's) birthday is three days off so that means tomorrow we're going to start a little slide. Then the next day slide a little further. And the following day I know that we're going to slide all the way down. And I'm going to have to level it off and bring it back up .... Maybe its cold-hearted but .... I feel I have to be very supportive of her."

Interwoven with descriptions of controlling grief were discussions of emotional

balancing between husband and wife. This is discussed at greater length in the section on discrepant coping.

Another theme found primarily in the fathers' descriptions was that of grieving in private. Over and over again, fathers explained that they could only express their painful feelings when they were alone. One man noted: "I have gone through my grief privately .... I'm a very solitary person .... and my grief is individual and solitary." Another father explained: "I kept it in in front of people, but by myself I could let it out." Some men admitted that keeping their grief private also presented a barrier to their wives' attempts to communicate. One father saw private grief as a haven from dealing with others after a long, draining illness ("It had been a long seige and my reaction was to just kind of withdraw for a while"). Some men regretted that they seldom shared their feelings with their wives because they knew their spouses wanted to talk. However, in other cases, even when fathers did wish to talk they reported receiving little encouragement from others to express their feelings. As one father noted: "I would rather that more people, friends and everybody concerned, had been willing to come up and talk more about it. But that, unfortunately, was not the case because guys aren't that way." Another man felt that fathers seldom get an opportunity to express their grief. As he explained:

> "The only real time that I felt I needed someone, anyone really, I was rejected .... I got real weepy one night and it all came out, and no one was interested so I just bottled it up and kept it in."

Almost all of the men said they saved their tears for when they were alone; few of the fathers said they cried frequently.

Maternal Features. Mothers' reports of their experiences in the first year reveal three themes not predominant in fathers' accounts. First, in their effort to return to "normal" life, mothers were continually confronted with reminders that the child was gone from their routine. Even little things, such

as setting the table with one less place, evoked painful memories. Another problematic situation occured at the supermarket or the children's department of the clothing store. One mother described her problems at the market:

> "Every time I would go I'd come home .... and swear that I was never going back. I have put things in my buggy that only George liked and that I bought only for him. And then I had to go back and put them on the shelf .... But, you know, I ran into people. And I didn't mind being upset in my own home but I hated to get out in public and cry at the supermarket, which is what invariably happened .... So I used to just run through .... And I hid from people at different times, and other people hid from me - I found out later."

Many mothers missed hearing the noise of their child playing while doing housework. Several mentioned that they kept expecting their child to appear at mealtimes and some had trouble going to bed without saying goodnight to their child. The only thing fathers reported that was similar to these descriptions occured when the child was not there to greet them when they came home from work each day. Thus, this difference seems to reflect the fact that the deceased child usually played a larger part in the mothers' routine than the fathers'.

Related to this is another frequently mentioned difficulty for mothers which occured when they would continually find things around the house that reminded them of their child. Once again, since fathers were less likely to do housekeeping, this was a difficulty encountered primarily by women. The following presents some examples:

> "I'd find these little notes around. She was always writing 'I love you' notes. She liked to give things and make little gifts. I would find them all over the place, in strange places, under something, under the cushions. Constant reminders."
>
> "When I Spring-cleaned that year I found things in the couch, in the drawers, you know, just little things that I had stuck away mainly. Little things that he had brought home from school, or little notes .... a note to a girlfriend that I found in his bookbag and snitched and saved - stuck it in a drawer before he ever got sick, and I ran into that."

One of the most troubling aspects of this problem for the mothers was the unpredictability of these occurences. Usually, the reminders were found

unexpectedly, and mothers were unable to steel themselves for the feelings that were elicited. This vulnerability was expressed by one mother who noted: "In the beginning you have your guard up all the time. After a while it eventually begins to go away and then all of a sudden something hits you and there's nothing there to protect you." Many mothers reported that these problems continued after the first year.

One final feature of the mothers' accounts were descriptions of their ability to visualize the child in the first year period. Mothers reported this in a variety of circumstances, but usually it occured in the home. One mother would see her son walking down the bedroom hallway, another saw her daughter in a favorite rocking chair. A third reported: "I'd come in the room and just see her sitting there. It was kind of scary and comforting at the same time." Some women reported that they wanted to move to escape these images, as did one mother who related: "I could see him everywhere. I could see him at three when we moved here trying to reach the gates. I could see him playing ball in the yard." However, in most cases, the mothers reported feeling comforted by these visualizations, perhaps because the child generally appeared to be safe and well. In fact, many descriptions pictured the child in a familiar context, engaging in an enjoyable activity as one mother described:

> "After he passed away we was invited to a family reunion of some kind. They had a great big yard and all the kids was playing ball and I just visual-, he was out there with them."

In addition to being able to visualize the child, mothers were also more likely than fathers to describe strong feelings of the child's presence, hearing the child's voice or a sound associated with the child (e.g., the squeak of his bed at night), and dreams or visions in which the child kissed or touched them.

In summary, then, some bereavement experiences were described primarily by parents of one sex or the other. Fathers' accounts tended to emphasize their responsibility for controlling the grief of other family members, especially

wives; men also stressed the fact that they grieved alone, in private. On the other hand, mothers' descriptions emphasized the problem of constant reminders because of the child's absence from their daily routine, as well as finding things around the house that made them think of their child. Finally, mothers were more likely to describe an ability to visualize their deceased child, as well as other paranormal occurences in the first year.

Parental Interaction: Discrepant Coping

One final set of problems in the first year after was mentioned by those parents who were members of couples. Most frequently noted by both sexes was a difference in which mothers discussed their feelings and reactions to the loss while fathers did not. In some cases fathers listened while mothers talked, but the men themselves did not discuss their own feelings. Several mothers noted that this had been their spouse's normal behavior before the illness, as in the following examples

> "He's always been one to hide his emotions."
> "He's not one to say a whole lot."
> "I'm the talker and he's not. He keeps to himself."

In some instances, mothers felt guilty about the one-sidedness of this interaction even when their husbands were willing to listen. One mother explained: "I was talking about it a lot more than him so I guess I felt like I was, not burdening him, but making him re-live more of it than maybe he wanted to." However, most husbands did not view this situation as unfair because, while they themselves got little out of talking, they understood that their wives needed this.

In other cases, however, fathers were unwilling or reluctant to participate in any discussions with their wives because the men found the subject too painful even to listen. Several wives reported that their husbands would leave the room or house whenever the women tried to initiate conversations about the child. One father described it as "bringing up old wounds." Another explained: "I just didn't want to hear it anymore, or need it." A third noted: "My wife and I

disagreed. She wanted to remember Dennis and I didn't. I don't want to remember every little idiosyncracy and dwell on that for the rest of my life."

Another type of problem occured when differences between spouse's emotional moods created a problem of coordinating one parent's feelings with the other's. Some fathers recognized this and felt it was important that they plan ahead to counter their wive's bad periods. As one man put it:

> "On those days of the year that I know are going to be depressing, those have to be my normal and up days, in order to compensate for her normal and down days. To balance things out."

However, for some couples, the fact that each was at a different point at any particular time created coordination problems, rather than helping to ameliorate them. If one spouse was feeling cheerful when the other was sad, resentment would sometimes result. One woman explained:

> "There would be days I would have a bad day and he would come in whistling and I would think, you know, 'Why are you doing that? How can you do that?'."

To summarize, discrepant coping was frequently mentioned by respondents who were members of couples. One aspect of this discrepancy was that mothers generally talked more than fathers. Another common discrepancy resulted from differences between spouses in their emotional state at particular points in time. These discrepancies often resulted in problems for the couple.

Results: Quantitative Analysis

Parents were asked to respond to closed-ended, Likert-scaled questions asking how they felt and behaved in the first year after the death. Because the amount of time since their child's death varied from one to five years, there was a chance that forgetting could influence respondents' answers concerning that first year period. For this reason T-tests were performed to determine whether answers of parents whose children had died most recently (1979/1978-1975) or least recently (1975/1976-1979) were significantly different from the remaining group of respondents. The results revealed no systematic differences in the comparisons; thus, the amount of time since the child's death did not seem to effect parents' scores.

(Insert Table 1 about here)

The upper portion of Table 1 presents the results of T-tests comparing the means of all mothers and fathers on each first year variable. As predicted, mothers and fathers differed significantly regarding the difficulty they encountered during first year holidays. Mothers reported greater difficulty than fathers on Christmas ($p < .01$), Thanksgiving ($p < .001$), the anniversary of the death ($p < .001$), and on the child's birth date ($p < .001$).

Regarding the helpfulness of religion, it was hypothesized that fathers would be more likely to find their religious beliefs comforting, since men were expected the prefer a coping mechanism which did not require that they express their feelings in the presence of others. However, this hypothesis was not confirmed.

Parents were also asked if they started any new activities in the first year such as returning to school, taking or changing a job, engaging in volunteer work, or joining new groups and organizations. As predicted, mothers were more likely than fathers to report one or more of these new interests ($p < .001$) after the death.

The final three variables concern respondents' feelings about their spousal relationships following the death. As predicted, mothers were more likely to feel distance in relationships with their spouses in the post-death period ($p < .05$). Moreover, mothers were less likely to report that they and their spouse were able to comfort each other at this time ($p < .01$). Finally, there was no significant difference in the extent to which parents reported that they were able to discuss their grief with each other, contrary to the prediction that fathers would be less likely to describe this kind of interaction.

In addition to T-tests using the entire sample, matched T-tests using data from the couples only were performed. As shown in the lower portion of Table 1, results were highly similar to those of the unmatched sample. Further, computation of zero-order correlations between sex and these first year variables yielded the same results; Pearsonian r's were significant for all but the relationships between sex and helpfulness of religion, and discussion of grief. Partial correlation was used to test the validity of relationships between sex and first year variables while

adjusting for the effects of the following control variables: level of income; child's age at death; respondent's age at death; number of remaining siblings; length of the child's illness; respondent's marital status at death; and respondent's level of education. Results revealed no changes in either the strength or significance of the zero-order relationships, suggesting that they are indeed valid.

(Insert Table 2 about here)

Table 2 presents respondents' major sources of emotional support by sex in the first year after death. Inspection of this table reveals two important differences between mothers and fathers. First, fathers named fewer family members as sources of support than mothers. For example, while both sexes frequently mentioned their spouse and friends, fathers were more likely to cite their religious beliefs and themselves, while mothers were more likely to mention their parents, remaining children, and their own siblings as support sources. Secondly, overall, the fathers reported a lesser number and variety of support sources than mothers, consistent with the prediction discussed earlier.

Summary and Conclusions

Six of the original eight hypotheses were fully confirmed by the data, one was partially supported, and one was not supported. Thus, it does appear that mothers and fathers report significantly different bereavement experiences in the year following their child's death. More specifically, mothers described greater difficulty coping, particularly evident on first holidays (hypothesis a). They were also more likely to report experiencing their grief in intimate, personal ways such as deep loneliness or visualizations (hypothesis b). Mothers were also more likely to engage in new activities following the death (hypothesis c), to report feeling distant from their spouse (hypothesis h), and less likely to feel they exchanged comfort with their husbands in the first year (hypothesis g). On the other hand, fathers reported fewer sources of emotional support than mothers (hypothesis d). However, while the qualitative data revealed that men were less likely to discuss

their grief with others (hypothesis f), statistical analysis of the extent to which spouses reported discussing their grief with each other did not reveal significant differences. It may be that the wording of the question, which asked about mutual discussion was inappropriate, or that discussion of grief with a spouse is different from discussion with other individuals. Finally, the hypothesis (e) that fathers would be more likely to be comforted by religion was unsupported.

In addition to supporting the notion that the bereavement of mothers and fathers is different, these results also reveal the influence of three major factors in shaping the nature of parental bereavement. First, the nature of the relationship to the deceased child has an obvious effect on how parents adjust following the death. The closer this relationship the more difficulty parents seem to encounter adapting to life without the child. Since American society encourages closer relationships between mothers and children, and since the child's illness often increases this closeness, mothers typically have a harder time than fathers. This is not to deny that some fathers are very close to their children nor to suggest that in all cases men have an easier time than women. However, it does appear that this aspect of bereavement usually places mothers at a disadvantage relative to fathers.

Second, the cultural context in which bereavement occurs shapes parents' experiences according to the positions they hold in society. Given an absence of guidelines for "proper" bereavement, other normative systems may be substituted to provide standards for evaluating the appropriateness of survivors' behavior. In the case of parental bereavement, gender prescriptions are an obvious choice to bridge this normative gap. Thus, family and friends who are unsure of how to treat bereaved parents and unaware of what behavior to expect from them may employ cultural gender prescriptions to resolve this ambiguity. This is likely to create problems for those fathers who feel the need to express their feelings to others, since this kind of behavior violates the requirement that men be strong and unemotional.

The third and final influence on first year parental bereavement concerns

the familial context in which parents are located. If both parents are present in the home, the problem of discrepant coping may result in situations where neither parent is able to express his or her feelings to the other. On the other hand, the family may be one context in which traditional gender expectations are relaxed, as in cases of homes where both parents cried openly and supported each other's expressions of grief. However, in most instances it seems that behavioral expectations of the larger society were mirrored in the expectations parents had for their themselves and each other. Thus, even within the family unit, traditional gender assumptions appear to operate in spousal relationships via assumption of the emotionally and verbally expressive-mother and the stoic, nonemotional-father roles.

Finally, in regard to discrepancies in the results of earlier parental bereavement research, it is likely that varying sex composition of the samples can account for some of the obtained differences. Specific information about the sex composition of these samples is provided in only two of the seven studies that deal with this topic. Hopefully, greater sophistication in the design, execution, and reporting of research in this area can shed light on this and other unexamined questions.

Appendix

Table 1

T-Tests of Differences Between Mothers and Fathers on First Year Variables

All Parents Unmatched (N=145)

Variable	Fathers			Mothers			T-Value and One-Tail Significance
	$\bar{x}$	s.d.	N	$\bar{x}$	s.d.	N	
Difficulty at Christmas	1.85	1.01	55	1.40	0.82	90	2.97^{**}
Difficulty at Thanksgiving	2.67	1.01	55	2.03	1.12	90	3.36^{***}
Difficulty at Death Anniversary	2.29	1.07	55	1.54	0.91	90	4.48^{***}
Difficulty at Birth Date	2.07	1.14	55	1.49	0.89	90	3.45^{***}
Helpfulness of Religion	1.85	1.24	55	1.69	1.05	89	$0.82^{n.s.}$
Start of New Activities	0.25	0.44	55	0.48	0.50	90	-2.72^{***}
Extent of Distance in Relationship with Spouse	2.84	1.10	55	2.44	1.10	84	2.07^{*}
Extent to which Spouses Comforted each Other	1.73	0.85	55	2.12	0.99	84	-2.40^{**}
Extent to which Spouses Discussed their Grief	2.13	1.07	55	2.29	1.08	84	$-0.91^{n.s.}$

Pairs Matched by Married Couple (N=106)

Variable	Fathers			Mothers			T-Value and One-Tail Significance
	$\bar{x}$	s.d.	N	$\bar{x}$	s.d.	N	
Difficulty at Christmas	1.85	1.01	53	1.58	0.99	53	1.73^{*}
Difficulty at Thanksgiving	2.66	1.13	53	2.23	1.19	53	2.39^{**}
Difficulty at Death Anniversary	2.28	1.04	53	1.66	0.99	53	4.07^{***}
Difficulty at Birth date	2.04	1.13	53	1.69	1.07	53	1.97^{*}
Helpfulness of Religion	1.77	1.19	48	1.60	0.96	48	$0.87^{n.s.}$
Start of New Activities	0.24	0.43	53	0.53	0.50	53	-3.43^{***}
Extent of Distance in Relationship with Spouse	2.89	1.09	53	2.45	1.05	53	3.56^{***}
Extent to which Spouses Comforted each Other	1.68	0.80	53	1.98	0.93	53	-2.36^{*}
Extent to which Spouses Discussed their Grief	2.11	1.05	53	2.19	1.06	53	$-0.59^{n.s.}$

$^{***}p<.001$; $^{**}p<.01$; $^{*}p<.05$; n.s. = not significant

Table 2

Sex by Major Sources of Emotional Support in First Year*

Support Source	Fathers (N= 55)		Mothers (N= 89)	
	%	N	%	N
Spouse	49.1	27	40.4	36
Parent(s)	5.5	3	30.0	27
In-Law(s)	7.3	4	10.1	9
Remaining Children	3.6	2	23.6	21
Siblings	3.6	2	18.0	16
Extended Family	1.8	1	5.6	5
Friends	23.6	13	42.7	38
Self	23.6	13	4.5	4
Professionals	0.0	0	4.5	4
Religious Leader	14.5	8	15.7	14
Religious Beliefs	18.2	10	11.2	10

N = 144

*Percentaged by respondents

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